

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/980 660	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1
2	1						52	1
3	1						53	1
4	1						54	1
5	1						55	1
6	1						56	1
7	1						57	1
8	1						58	1
9	1						59	1
10	1						60	1
11	1						61	1
12	1						62	1
13	1						63	1
14	1						64	1
15	1						65	1
16	1						66	1
17	1						67	1
18	1						68	1
19	1						69	1
20	1						70	
21	1						71	
22	1						72	
23	1						73	
24	1						74	
25	1						75	
26	1						76	
27	1						77	
28	1						78	
29	1						79	
30	1						80	
31	1						81	
32	1						82	
33	1						83	
34	1						84	
35	1						85	
36	1						86	
37	1						87	
38	1						88	
39	1						89	
40	1						90	
41	1						91	
42	1						92	
43	1						93	
44	1						94	
45	1						95	
46	1						96	
47	1						97	
48	1						98	
49	1						99	
50	1						100	
TOTAL IND.							TOTAL IND.	7
TOTAL DEP.							TOTAL DEP.	62
TOTAL CLAIMS							TOTAL CLAIMS	19

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS